

FY 2005 SENIOR EXECUTIVE SERVICE SELF-ASSESSMENT
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A. EXECUTIVE LEADERSHIP

1. Leading Change: Lead the Area leadership through a strategic planning resulting not only in a strategic plan, but also revised mission, vision and values that recognize Alaska's unique tribal self-governance environment. The Alaska Area IHS will change its mission to, "Making Indian self-determination successful for all." This seminal shift in focus recognizes that tribes operate IHS-funded programs, functions, services and activities; and, that IHS performs inherently federal functions and activities that ensure successful tribal programs. Alaska leads the IHS in embracing this change, which is critical to the future of all IHS Areas in which tribes assume program operations pursuant to the Indian Self-Determination Act (PL 93-638, as amended). The new mission ensures that the Alaska Area is poised to serve both IHS and tribes in their successful transition from federal to tribally managed programs.
2. Leading People: Working closely with the Office of the Secretary, IHS Headquarters, and Alaska Native tribes, used *coalition building and communication* skills, and ability to *lead people* to assist in orientation of recently appointed Departmental leadership and senior staff. Used recognized leadership role among Alaska Native tribes to coordinate logistical and programmatic planning and support for a short-notice Alaska site visit by the Deputy Secretary, OPDIV Heads, and Senior Staff. The incumbent's role in arranging the Deputy Secretary's visit helped improve relationships between Alaska Native tribal leaders, the Office of the Secretary, and HHS senior staff. Availability of program data to substantiate need helped the Deputy Secretary to identify Sanitation Facilities as one of his highest priorities for Indian Country.
3. Results Driven: The Government Performance and Results Act (GPRA) does not apply to tribes. Yet the Alaska Area Director gained Alaska Native tribal participation in the GPRA+ reporting system, illustrating an ability to *lead change* and *lead people* in a *results driven* manner. Data submitted into GPRA+ by Alaska Alaskan tribally managed programs resulted in improved IHS national averages for many health indicators. Increased GPRA+ reporting from 4 tribal organizations to 6. Provided GPRA+ training targeted at improving data quality to Alaska Native tribal programs. Preliminary data indicates that the 6 participating tribal entities will again raise national averages for IHS-funded programs. Meanwhile, efforts to add 2 more tribal organizations to GPRA+ contributors are underway. Alaska Area IHS' collaboration with tribes on GPRA+ data reporting was the subject of a site visit by the OMB PART examiner.
4. Business Acumen: Used a high degree of *business acumen* to successfully complete extremely difficult Alaska Tribal Health Compact (ATHC) negotiations. All IHS-owned health facilities in Alaska are tribally managed. This creates challenges to meeting real property reporting requirements because real property is federally owned but tribally occupied. Under the Indian Self Determination Act (PL 93-638, as amended), HHS does not have authority to unilaterally impose reporting requirements on tribes. To meet the President's Management Agenda initiative for improved real property management, successfully negotiated federal real property reporting requirements into 21 of 22 compact funding agreements with co-signers to the Alaska Tribal Health Compact. Discussions are ongoing with the 22nd co-signer. Convincing tribes that it is in the Alaska Native Health System's best interests to submit real property reporting in spite of the inapplicability of Departmental reporting requirements, is a strong demonstration of *business acumen, building coalitions, and leading people*.
5. Building Coalitions/Communications: This incumbent *builds coalitions* with federal, state and tribal partners, thereby maximizing health resources for IHS beneficiaries. With IHS providing considerable technical advice and assistance to the Denali Commission and tribes, the Barrow and Nome Hospital replacement projects both received commitments from the Denali Commission for \$5.97 million and \$3.18 million respectively, for design. Additionally, the Area Office has worked with the Arctic Slope Native Association on justifications for the Barrow hospital, and received \$2.96 million in the FY 2005 and \$8 million in the FY 2006 appropriations. Similarly, in Sanitation Facilities Construction, the Alaska Area IHS supplements \$14.9 million in IHS funds with \$92.5 million in contributions generated through interagency agreements negotiated with the EPA, State of Alaska (EPA and HUD), Dept. of Agriculture (Rural Development), and DOT (a 13% increase over FY 2003). Such *results driven* efforts serve to maximize access to care for all Alaska Natives.

B. PERFORMANCE AGREEMENT

1. Program Outcomes:
 - a. Prevention:
 1. Supported IHS Director's HP/DP initiative by negotiating agreement with Alaska Native Tribal Health Consortium (ANTHC) to provide HP/DP services. Collaborates with the ANTHC HP/DP coordinator on IHS program objectives. This contract will increase the number of communities with local wellness plans and community health assessments. National Suicide Prevention Network (NSPN) funds were also transferred to ANTHC to Train a Facilitator, thus providing skills needed to facilitate Youth Leadership/Suicide Prevention and Community Mobilization/Prevention throughout Alaska.
 - b. Quality Health Care:

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2. The Maniilaq Health Center in Kotzebue and the Chief Andrew Isaac Health Center in Fairbanks deployed the Electronic Health Record (EHR) enabling clinical practitioners to make safer, more informed decisions and diagnoses. The SEARHC Medical and Dental Clinic in Juneau and the Alutiiq Health Center in Kodiak will implement EHR in FY06.
3. Exceeds the goal of implementing one new telemedicine project during the rating period to increase access to health care for AI/AN population in remote locations. Alaska leads IHS in implementation of telemedicine due to multi-agency appropriation to IHS, DOD, VA and DHA for the Alaska Federal Health Care Access Network (AFHCAN). Telemedicine carts are installed in over 180 IHS-funded tribally managed hospitals and clinics. Uninterrupted broadband connectivity remains a challenge in about ¼ of those communities, and is a major focus area.
4. Alaska Area programs succeeded in meeting 80% of the GPRA prevention indicator goals.
5. Met the requirement to develop and test an Area emergency management plan (COOP), to maintain operations in the event of a natural or biological disaster. This requirement was further exceeded by successfully completion of national COOP relocation exercise.
- c. Decreasing Disparities:
 6. Alaska Area programs succeeded in meeting 80% of the GPRA prevention indicator goals.
 7. By negotiating new P.L. 93-638 Title V funding agreement language for that enables tribes to operate or pay for the nursing home services under their IHS funding agreements, the Area Director implemented strategies and tools to increase capacity for quality of care for chronic disease including long-term care management, case management, and treatment management. This precedent is beneficial to American Indians and Alaska Natives nationwide. Additionally, five Tribal health organizations have launched competitive diabetes grant programs with new initiatives on preventing cardiovascular disease and diabetes.
 8. Contracted with the ANTHC Injury Prevention Program for design and implementation of injury data system to identify impact and results of activities and projects in AI/AN communities. Executed inter-agency agreement with NIOSH to pilot test an occupational injury reporting system.
- d. Partnerships:
 9. Collaborates with Veteran's Health Administration (VHA). Negotiated a memorandum of agreement (MOA) with VHA VISN 20 and Portland Area IHS, to facilitate collaborative efforts to better serve American Indian and Alaska Native veterans in Washington, Oregon, Idaho and Alaska. The Portland and Alaska Area Directors convinced VHA to include one tribal leader from the Portland Area and Alaska Area on the VHA/IHS VISN 20 Board.
 10. Exceeded goal to increase total contributions from external sources to IHS, tribal, and urban Indian health programs by 10% above the FY 04 baseline. Tri-party agreements were executed between the Denali Commission (DC), tribal health organizations, and the Alaska Area IHS to support DC funding of new hospital design in Nome and Barrow. Also collaborated on construction of DC-funded rural health clinics by contributing IHS Tribal Equipment funds to meet DC matching funds requirements. Coordinated Dept. of Transportation funding for design of a new parking structure at the Alaska Native Medical Center. Initiated partnerships with EPA, Dept. of Transportation, State of Alaska, and Dept. of AG Rural Development resulting in contributions of \$92,547,185, a 13% increase over FY 2003 (\$80,584,000).
- e. Business Practices and Infrastructure:
 11. Alaska exceeds the goal of meeting 80% of the GPRA capital indicator goals. All health facility construction projects are on budget and on time, including Barrow Replacement Hospital, St. Paul Clinic and Quarters and Metlakatla Clinic and Quarters.
 12. The Alaska Area began implementation of the Health Services and Facility Master Plan by initiating site selection and architect/engineer selection for the Barrow Hospital; completing the Program Justification Document Amendment for the Nome Hospital; and making substantial progress on construction of Health Centers and Staff Quarters in St. Paul and Metlakatla.
- f. Ethics:
 13. Completed annual ethics training in January 2005 ensuring that employee awareness, training, compliance and discipline requirements relative to ethics; financial disclosure; conflict of interest; standards of conduct; political activity; and, procurement integrity are met. Timely and accurate determinations as to financial disclosure reports, employee requests for approval of outside activities, and other ethics clearance matters were completed, including form HHS 450 for affected employees.
2. Management Outcomes:
 - a. Implement Results-Oriented Management:
 1. Created meaningful, results-oriented FY 05 performance plans for all staff by cascading applicable sections of the Area Director's performance contract to employee performance contracts.

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2. Established long-term outcome goals and annual targets, and reported progress in achieving goals and targets in the annual performance budget in collaboration with Tribes. FY 2007 health priorities were developed in consultation with tribes. Sponsored GPRA orientation and conducted tribal consultation on FY 2007 GPRA performance indicators. Area staff met with the Alaska "GPRA Pilot Project" Team on a quarterly basis. Pilot project participants provide quarterly CRS software reports, which constitute the Alaska Aggregate GPRA Report.
3. Exceeded the FY 05 goal to achieve 1/3 of a 10 percent increase in program performance over the next 3 years. First, screening for domestic violence in females ages 15 through 40 increased from 6.7% in FY 2004 to 11.5% in FY 2005 - an increase of 72%. Second, Alaska already exceeds the IHS goal to increase pneumococcal vaccination levels among non-institutionalized adult patients age 65 years and older, from 68.8% in FY04 to 76% in FY07. Currently, pneumococcal vaccination levels among non-institutionalized adult patients age 65 and older are 87.9% in FY 2005 – an increase of 2% over FY 2004. Third, exceeded the goal to increase the screening rate for alcohol use in women of childbearing age from 7.0% in FY04 to 7.7% in FY07. Alaska Area GPRA pilot project facilities increased the screening rate for alcohol use in women of childbearing age from 14.2% in FY 2004 to 17.1% in FY 2005 – an increase of 20%.
- b. Implement Strategic Human Capital Management:
 4. Provided leadership and direction in the development and implementation an Agency succession plan specific to the unique characteristics of the Alaska Area. A Strategic Plan including an Organizational Assessment that will result in realignment of functions was completed. Vacancies are being filled consistent with an enhanced succession plan.
 5. Exceeds the OPM established target of filling all non-SES positions within 45 days of panel referral. A review of vacancies filled indicates that positions are filled an average of eight days from the date candidate referral is issued.
 6. Implemented a streamlined EEO structure in collaboration with the Portland and California Area Offices. Executed an interagency agreement under which a regional EEO Manager will serve all three Areas. Each Area will share the cost of the EEO Manager, eliminating duplication of the EEO function for each participant.
- c. Improve Grants Management Operation and Oversight:
 7. Provided leadership resulting in submission of 3 electronic IHS grant applications. Training/technical assistance is provided to tribes. Our ability to provide quality assistance was enhanced by training Area staff at national grants.gov "train the trainer" sessions.
- d. Complete the Competitive Sourcing Program:
 8. FAIR Act Inventory and Reason Code A justifications were submitted to ASAM in March 2005, exceeding the due date of April 29, 2005.
 9. Status reports on FTEs transferred under Indian Self-Determination Act awards were submitted to ASAM in a timely manner. No Alaska Area positions were transferred under ISDA awards in FY 2005.
 10. The Alaska Area IHS received no Tribal government requests for "outsourcing" IHS programs under the Indian Self-Determination Act however; the Alaska Area Director assisted the Navajo and Albuquerque Areas in the outsourcing of their programs.
- e. Improve Information Technology Management:
 11. Initiated implementation of products, services and policy directives yielded by the Enterprise Initiatives as described in the HHS IT strategic 5 year plan. Defense Finance Accounting System (DFAS), Quick Hire, eOPF, and Enterprise Human Resources Personnel System (EHRPS) are updated. All PSPDs received within report period are implemented. Staff attended training on the Sunflower system.
 12. Contracted with the Alaska Native Tribal Health Consortium (ANTHC) to improve the FISMA security report for FY05. There were no significant deficiencies or reportable conditions.
 13. Contracts for IT support including automated patch management for 100% of commodity desktop computers. Commodity PC users do not have "administrator" rights.
 14. Met the requirement to implement and test continuity of operations and disaster recovery plans for all "major" systems (RPMS and Telecommunications) with a successfully completed COOP relocation exercise. Computers were successfully relocated from the Area Office. Identified and executed areas for improvement (e.g., installing VPN connection software on all notebook computers).
- f. Consolidate Management Functions and Achieve Administrative Efficiencies:
 15. Successfully supports and participates in consolidation of HHS identified administrative services and functions. In addition to procuring supplies and equipment (including commodity desk-top computers) via centralized contracts, collaborates in procurement activities with the Portland and California Areas via intra-agency agreement.

16. Built on infrastructure provide by enterprise information systems. For example, Electronic Official Personnel Folder (eOPF) and Electronic Pay (ePAY - DFAS) are in use; Quickhire, Quickclass and Enterprise Workflow Information Tracking Systems (eWITS) are being implemented; and, appropriate hardware to support HHSNet, email and other initiatives is in place. Staff is trained for Sunflower and UFMS implementation.
17. Negotiated an intra-agency agreement with CDC to provide electronic fingerprinting in support of smart card security system implementation in Alaska, thus eliminating duplicate expenditures for both agencies.
- g. Improve Financial Management:
 18. In support of UFMS implementation, Alaska is the first IHS facility in the region designated by the Department of Treasury to implement Secure Payment System (SPS). Area staff completed UFMS training.
 19. Provided leadership in conjunction with HQ in developing an Area plan to identify estimated payment errors associated with the H&C, CSC, and CHS programs (determined to be at high risk). The HHS risk assessments report was developed at the agency level and has been submitted.
 20. Exceeded the agency goal to reduce by 30% the number of audit cases over 1 year needing a management decision. Reduced cases needing decisions by 37%.
 21. Took final action on 61 audit management decisions and is currently quantifying the reduction of disallowed cost owed.
 22. Exceeds agency requirements to support HHS consolidation of business (administrative management) systems. In addition to consolidating Human Resources; Procurement; and EEO with the Portland and California Areas, negotiated shared services agreements with other Departments of the federal government in Alaska including DOD (Army and Air Force), DHS, and VHA.
- h. Improve Real Property Asset Management:
 23. All line item projects currently under planning, design or construction are within budget and scope. Site acquisition and Architect/Engineer selection is underway for the Barrow Hospital. Construction of new health centers and staff quarters at St. Paul Island and Metlakatla are currently underway, on time and within budget.
 24. Exceeded requirements for timely Facility Project Approval Agreements (FPAA), obtaining HQ signature for the Barrow Hospital (currently in the planning/design phase). (Construction of St. Paul and Metlakatla health facilities began before the FPAA process was instituted.)
 25. The Alaska Area is prepared to report on facility utilization once metrics to define this performance objective are provided by the Federal Real Property Council.
 26. Exceeds the requirement to ensure that facility condition assessment is current (i.e. not more than 5 years old) for 85% of owned facilities.
 27. The Alaska Area is prepared to assess mission criticality/dependency for at least 90% of IHS facilities once the metrics to define this performance objective are provided by the Federal Real Property Council.
 28. Successfully completed identification of historic real property assets and provided documentation to HQ in advance of the due date, for inclusion in HHS Historic Preservation Report.
 29. Met inventory requirements for federal real property, completing a physical inventory of 95% of real property.
- i. Achieve Efficiencies Through HHS-wide Procurements:
 30. Alaska has not only procured available supplies, services, and equipment requirements through PSC consolidated procurements, we have awarded a performance-based contract to expand, upgrade and maintain the web-based IHS sanitation deficiency system. This project will be expanded to benefit other IHS Areas and systems, such as housing.
 31. All commodity desktop PC's purchased since July 1, 2005 were purchased using the PSC consolidated purchasing mechanism.
 32. To help meet the HHS Small Business Contracting Goal established for IHS, all FY05 acquisitions in the Alaska Area were aside for small business contracting.
- j. Conduct Program Evaluations and Implement Corrective Actions for Any Deficiencies Identified:
 33. Implemented a systematic approach to program self-assessment, in support of the HHS program evaluation initiative. All self-assessments and corrective action plans where applicable, were completed in a timely manner.
 34. The incumbent directly assisted in agency efforts to systematically track and implement PART recommendations through the performance budget process. The Area Director coordinated and participated in OMB PART examiner site visits to several tribally managed, IHS-funded programs in Alaska.
 35. Area Director, through the Area Senior Contracting Officer, collaborated with the Director, Division of Acquisitions Policy, IHS to target "improving communications" as the scorecard gap for improvement.